

THIS IS YOUR MEDICARE CARD.
IT SHOWS IF YOU HAVE HOSPITAL
INSURANCE, MEDICAL INSURANCE,
OR BOTH. IT IS FOR YOUR USE
ONLY. SHOW YOUR CARD WHEN
YOU RECEIVE HEALTH SERVICES.
ON ANY CLAIMS, BILLS OR
CORRESPONDENCE BE SURE TO USE
YOUR NAME AND CLAIM NUMBER
EXACTLY AS SHOWN ON THIS CARD.

VALERIE YOUNG
BROOKLYN DEV CENTER
FOR VALERIE YOUNG
888 FOUNTAIN AVE
BROOKLYN NY 11206

L 0419 237381439C1

| MEDICARE | | HEALTH INSURANCE | |
|-----------------------------|--|------------------|--|
| SOCIAL SECURITY ACT | | | |
| NAME OF BENEFICIARY | | | |
| VALERIE YOUNG | | | |
| MEDICARE CLAIM NUMBER | | SEX | |
| 237-38-1439-C1 | | FEMALE | |
| IS ENTITLED TO | | EFFECTIVE DATE | |
| HOSPITAL (PART A) | | 1-1-91 | |
| MEDICAL (PART B) | | 1-1-91 | |
| SIGN HERE | | | |
| <u>MEDICAID</u> BZ66389C | | | |